

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: OPTICAL SURFACE-FINISHING TOOL
Attorney Docket Number:: 0579-1115
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JOEL
Middle Name::
Family Name:: BERNARD
Name Suffix::
City of Residence:: ORMESSON SUR MARNE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 19, AVENUE DES TOURELLES
Address::
City of Mailing Address:: ORMESSON SUR MARNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 94490

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MATHIEU
Middle Name::
Family Name:: MEYNEN
Name Suffix::
City of Residence:: SAINT-MAUR-DES-FOSSES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 55 BOULEVARD DE CRETEIL
Address::
City of Mailing Address:: SAINT-MAUR-DES-FOSSES

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 94100

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001828	7/12/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/08670	7/16/03	Yes

Assignment Information

Assignee Name::
Street of Mailing Address::
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::